



**NH Department of Safety
Division of Motor Vehicles
23 Hazen Drive
Concord, NH 03305
(603) 227-4075**

Director of Motor Vehicles

Student Full Name _____ Date of Birth: ____ / ____ / ____ Telephone #: _____
Name of Driving School Attending: _____

NH Law requires a *minimum* of **40 hours** of practice driving with a licensed adult in addition to the Driver Education Program Certificate. At least **10 hours of the supervised driving time shall be completed during the period from ½ hour after sunset to ½ before sunrise**. We encourage you to practice as much as possible with your child. Please note that the law states that the driver must be at least 15 years and 6 months of age, and the licensed driver must be at least 25 years old.

Date	Time (AM/PM)		Cumulative Hours		Skill Practiced Ex: Highway, Parking, etc.	Parent/Guardian Initials
	Start	End	Daytime	Nighttime		
Total Time this page:					Please use reverse side if more space is needed.	
Total Time back page:						
Total Time Logged:						

I certify that my child has received a minimum of 40 hours of practice driving with at least 10 of those hours taking place during the period from ½ hour after sunset to ½ before sunrise.

Parent/Guardian Signature: _____

Date:

This authorization form is signed under penalty of unsworn falsification pursuant to RSA 641:3

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